



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDING DECEMBER 31, 2008
OF THE CONDITION AND AFFAIRS OF THE

Grand Valley Health Plan, Inc.

NAIC Group Code	0000	(Current Period)	,	0000	(Prior Period)	NAIC Company Code	95453	Employer's ID Number	38-2396958
Organized under the Laws of	Michigan				State of Domicile or Port of Entry	Michigan			
Country of Domicile	United States								
Licensed as business type:	Life, Accident & Health []			Property/Casualty []			Dental Service Corporation []		
	Vision Service Corporation []			Other []			Health Maintenance Organization [X]		
	Hospital, Medical & Dental Service or Indemnity []			Is HMO, Federally Qualified? Yes [] No [X]					
Incorporated/Organized	12/03/1981				Commenced Business	02/05/1982			
Statutory Home Office	829 Forest Hills Ave SE				Grand Rapids, MI 49546				
	(Street and Number)				(City or Town, State and Zip Code)				
Main Administrative Office	829 Forest Hills Ave SE								
	Grand Rapids, MI 49546				616-949-2410				
	(City or Town, State and Zip Code)				(Area Code) (Telephone Number)				
Mail Address	829 Forest Hills Ave SE				Grand Rapids, MI 49546				
	(Street and Number or P.O. Box)				(City or Town, State and Zip Code)				
Primary Location of Books and Records	829 Forest Hills Ave SE								
	Grand Rapids, MI 49546				616-949-2410-122				
	(City or Town, State and Zip Code)				(Area Code) (Telephone Number)				
Internet Website Address	gvhp.com								
Statutory Statement Contact	Pamela Lea Silva				616-949-2410-122				
	(Name)				(Area Code) (Telephone Number) (Extension)				
	silvap@gvhp.com				616-949-9944				
	(E-mail Address)				(FAX Number)				

OFFICERS

Name	Title	Name	Title
Roland E Palmer	President	Thomas W Schouten	Treasurer/Secretary
Pamela L Silva	Vice President/COO		

OTHER OFFICERS

DIRECTORS OR TRUSTEES

Roland E Palmer	Thomas W Schouten	James T Kerby	Lucille I Grimm
Robert Schirado	Pamela L Silva	Margaret Sudekum	Herbert A Start
Kenneth Gates			

State ofMichigan.....
County ofKent.....
ss

The officers of this reporting entity, being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Roland E Palmer President	Thomas W Schouten Treasurer/Secretary	Pamela L Silva Vice President/COO
Subscribed and sworn to before me this 26 day of February, 2009		a. Is this an original filing? Yes [X] No [] b. If no, 1. State the amendment number 2. Date filed 3. Number of pages attached
Lorinda A Lehner		
09/08/2012		

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 3 - HEALTH CARE RECEIVABLES

[illegible]

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Grand Valley Health Plan, Inc.

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

[illegible]

EXHIBIT 7 PART 1 - SUMMARY OF TRANSACTIONS WITH PROVIDERS

	1	2	3	4	5	6
Payment Method	Direct Medical Expense Payment	Column 1 as a % of Total Payments	Total Members Covered	Column 3 as a % of Total Members	Column 1 Expenses Paid to Affiliated Providers	Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups .....	.0	.0.0		.0.0		
2. Intermediaries .....	.0	.0.0		.0.0		
3. All other providers	152,379	.0.5	104,453	1,253.9		152,379
4. Total capitation payments	152,379	.0.5	104,453	1,253.9	0	152,379
Other Payments:						
5. Fee-for-service	813,511	2.7	XXX	XXX	813,511	
6. Contractual fee payments	16,987,174	56.1	XXX	XXX	16,987,174	
7. Bonus/withhold arrangements - fee-for-service .....	.0	.0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments .....	.0	.0.0	XXX	XXX		
9. Non-contingent salaries	12,339,405	40.7	XXX	XXX	12,339,405	
10. Aggregate cost arrangements .....	.0	.0.0	XXX	XXX		
11. All other payments .....	.0	.0.0	XXX	XXX		
12. Total other payments	30,140,090	99.5	XXX	XXX	30,140,090	0
13. Total (Line 4 plus Line 12)	30,292,469	100 %	XXX	XXX	30,140,090	152,379

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			XXX	XXX	XXX

EXHIBIT 8 – FURNITURE, EQUIPMENT AND SUPPLIES OWNED

	1	2	3	4	5	6
Description	Cost	Improvements	Accumulated Depreciation	Book Value Less Encumbrances	Assets Not Admitted	Net Admitted Assets
1. Administrative furniture and equipment	1,137,931		1,128,236		9,695	
2. Medical furniture, equipment and fixtures	1,536,139		1,522,227			13,912
3. Pharmaceuticals and surgical supplies	360,759					360,759
4. Durable medical equipment						
5. Other property and equipment	561,630		471,215			90,415
6. Total	3,596,459	0	3,121,678	0	9,695	465,086



ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Grand Valley Health Plan, Inc.

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Grand Valley Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Michigan		DURING THE YEAR 2008				NAIC Company Code		95453
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	9,457	92	7,768				1,597			
2. First Quarter	9,047	75	7,416				1,556			
3. Second Quarter	8,689	73	7,065				1,551			
4. Third Quarter	8,444	83	6,825				1,536			
5. Current Year	8,330	81	6,723				1,526			
6. Current Year Member Months	104,453	949	84,527				18,977			
Total Member Ambulatory Encounters for Year:										
7. Physician	31,954	319	25,581				6,054			
8. Non-Physician	10,833	100	8,711				2,022			
9. Total	42,787	419	34,292	0	0	0	8,076	0	0	0
10. Hospital Patient Days Incurred	1,802	45	1,487				270			
11. Number of Inpatient Admissions	461	14	362				85			
12. Health Premiums Written (b).....	30,548,780	329,017	23,915,386				6,304,377			
13. Life Premiums Direct	0									
14. Property/Casualty Premiums Written.....	0									
15. Health Premiums Earned.....	30,534,141	328,097	23,901,667				6,304,377			
16. Property/Casualty Premiums Earned.....	0									
17. Amount Paid for Provision of Health Care Services	30,292,469	275,220	24,513,719				5,503,530			
18. Amount Incurred for Provision of Health Care Services	31,927,854	290,078	25,837,130				5,800,646			

(a) For health business: number of persons insured under PPO managed care products and number of persons under indemnity only products

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$



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REPORT FOR: 1. CORPORATION Grand Valley Health Plan, Inc. 2. (LOCATION)

NAIC Group Code	0000	BUSINESS IN THE STATE OF Consolidated		DURING THE YEAR 2008				NAIC Company Code		95453
	1	Comprehensive (Hospital & Medical)		4	5	6	7	8	9	10
		2	3							
	Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other
Total Members at end of:										
1. Prior Year	9,457	92	7,768	.0	0	.0	1,597	.0	0	.0
2. First Quarter	9,047	75	7,416	.0	0	.0	1,556	.0	0	.0
3. Second Quarter	8,689	73	7,065	.0	0	.0	1,551	.0	0	.0
4. Third Quarter	8,444	83	6,825	.0	0	.0	1,536	.0	0	.0
5. Current Year	8,330	81	6,723	0	0	0	1,526	0	0	0
6. Current Year Member Months	104,453	949	84,527	0	0	0	18,977	0	0	0
Total Member Ambulatory Encounters for Year:										
7. Physician	31,954	319	25,581	.0	0	.0	6,054	.0	0	.0
8. Non-Physician	10,833	100	8,711	0	0	0	2,022	0	0	0
9. Total	42,787	419	34,292	0	0	0	8,076	0	0	0
10. Hospital Patient Days Incurred	1,802	45	1,487	0	0	0	270	0	0	0
11. Number of Inpatient Admissions	461	14	362	0	0	0	85	0	0	0
12. Health Premiums Written (b).....	30,548,780	329,017	23,915,386	.0	0	.0	6,304,377	.0	0	.0
13. Life Premiums Direct	0	.0	0	.0	0	.0	0	.0	0	.0
14. Property/Casualty Premiums Written.....	0	.0	0	.0	0	.0	0	.0	0	.0
15. Health Premiums Earned.....	30,534,141	328,097	23,901,667	.0	0	.0	6,304,377	.0	0	.0
16. Property/Casualty Premiums Earned.....	0	.0	0	.0	0	.0	0	.0	0	.0
17. Amount Paid for Provision of Health Care Services	30,292,469	275,220	24,513,719	.0	0	.0	5,503,530	.0	0	.0
18. Amount Incurred for Provision of Health Care Services	31,927,854	290,078	25,837,130	0	0	0	5,800,646	0	0	0

(a) For health business: number of persons insured under PPO managed care products 0 and number of persons under indemnity only products 0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes of fees \$ 0

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ANNUAL STATEMENT FOR THE YEAR 2008 OF THE Grand Valley Health Plan, Inc.

SCHEDULE S - PART 2

Reinsurance Recoverable on Paid and Unpaid Losses Listed by Reinsuring Company as of December 31, Current Year

[illegible]

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Reinsurance Ceded to Unauthorized Companies

[illegible]

Schedule S-Part 5
Five-Year Exhibit of Reinsurance Ceded Business
(000 Omitted)

	1 2008	2 2007	3 2006	4 2005	5 2004
A. OPERATIONS ITEMS					
1. Premiums.....	515	428	484	486	685
2. Title XVIII-Medicare.....	0	0	0	0	0
3. Title XIX-Medicaid.....	0	0	0	0	0
4. Commissions and reinsurance expense allowance.....		0	0	0	0
5. Total hospital and medical expenses.....		0	0	0	0
B. BALANCE SHEET ITEMS					
6. Premiums receivable.....		0	0	0	0
7. Claims payable.....		0	0	0	0
8. Reinsurance recoverable on paid losses.....	494	585	100	318	563
9. Experience rating refunds due or unpaid.....		0	0	0	0
10. Commissions and reinsurance expense allowances unpaid.....		0	0	0	0
11. Unauthorized reinsurance offset.....	0	0	0	0	0
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
12. Funds deposited by and withheld from (F).....	0	0	0	0	0
13. Letters of credit (L).....	0	0	0	0	0
14. Trust agreements (T).....	0	0	0	0	0
15. Other (O)	0	0	0	0	0

SCHEDULE S-PART 6
Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1	2	3
	As Reported (net of ceded)	Restatement Adjustments	Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 10)	6,776,212		6,776,212
2. Accident and health premiums due and unpaid (Line 13).....	338,887		338,887
3. Amounts recoverable from reinsurers (Line 14.1).....	494,285	(494,285)	0
4. Net credit for ceded reinsurance.....	XXX	494,285	494,285
5. All other admitted assets (Balance).....	1,668,914		1,668,914
6. Total assets (Line 26)	9,278,298	0	9,278,298
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1).....	3,294,808	0	3,294,808
8. Accrued medical incentive pool and bonus payments (Line 2).....	0		0
9. Premiums received in advance (Line 8).....	375,679		375,679
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 17).....	0		0
11. Reinsurance in unauthorized companies (Line 18).....	0		0
12. All other liabilities (Balance).....	1,894,120		1,894,120
13. Total liabilities (Line 22).....	5,564,607	0	5,564,607
14. Total capital and surplus (Line 31).....	3,713,691	XXX	3,713,691
15. Total liabilities, capital and surplus (Line 32)	9,278,298	0	9,278,298
NET CREDIT FOR CEDED REINSURANCE			
16. Claims unpaid.....	0		
17. Accrued medical incentive pool.....	0		
18. Premiums received in advance	0		
19. Reinsurance recoverable on paid losses	494,285		
20. Other ceded reinsurance recoverables	0		
21. Total ceded reinsurance recoverables	494,285		
22. Premiums receivable	0		
23. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
24. Unauthorized reinsurance	0		
25. Other ceded reinsurance payables/offsets	0		
26. Total ceded reinsurance payables/offsets	0		
27. Total net credit for ceded reinsurance	494,285		

SCHEDULE T – PART 2
INTERSTATE COMPACT – EXHIBIT OF PREMIUMS WRITTEN

Allocated by States and Territories

States, Etc.		Direct Business Only					
		1	2	3	4	5	6
		Life (Group and Individual)	Annuities (Group and Individual)	Disability Income (Group and Individual)	Long-Term Care (Group and Individual)	Deposit-Type Contracts	Totals
1. Alabama	AL						0
2. Alaska	AK						0
3. Arizona	AZ						0
4. Arkansas	AR						0
5. California	CA						0
6. Colorado	CO						0
7. Connecticut	CT						0
8. Delaware	DE						0
9. District of Columbia	DC						0
10. Florida	FL						0
11. Georgia	GA						0
12. Hawaii	HI						0
13. Idaho	ID						0
14. Illinois	IL						0
15. Indiana	IN						0
16. Iowa	IA						0
17. Kansas	KS						0
18. Kentucky	KY						0
19. Louisiana	LA						0
20. Maine	ME						0
21. Maryland	MD						0
22. Massachusetts	MA						0
23. Michigan	MI						0
24. Minnesota	MN						0
25. Mississippi	MS						0
26. Missouri	MO						0
27. Montana	MT						0
28. Nebraska	NE						0
29. Nevada	NV						0
30. New Hampshire	NH						0
31. New Jersey	NJ						0
32. New Mexico	NM						0
33. New York	NY						0
34. North Carolina	NC						0
35. North Dakota	ND						0
36. Ohio	OH						0
37. Oklahoma	OK						0
38. Oregon	OR						0
39. Pennsylvania	PA						0
40. Rhode Island	RI						0
41. South Carolina	SC						0
42. South Dakota	SD						0
43. Tennessee	TN						0
44. Texas	TX						0
45. Utah	UT						0
46. Vermont	VT						0
47. Virginia	VA						0
48. Washington	WA						0
49. West Virginia	WV						0
50. Wisconsin	WI						0
51. Wyoming	WY						0
52. American Samoa	AS						0
53. Guam	GU						0
54. Puerto Rico	PR						0
55. U.S. Virgin Islands	VI						0
56. Northern Mariana Islands	MP						0
57. Canada	CN						0
58. Aggregate Other Alien	OT						0
59. Totals		0	0	0	0	0	0

NONE

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PART 2 - SUMMARY OF INSURER'S TRANSACTIONS WITH ANY AFFILIATES

[illegible]

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of **WAIVED** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | Responses |
|---|---------------|
| 1. Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1? |YES..... |
| 2. Will an actuarial opinion be filed by March 1? |YES..... |
| 3. Will the confidential Risk-based Capital Report be filed with the NAIC by March 1? |YES..... |
| 4. Will the confidential Risk-based Capital Report be filed with the state of domicile, if required by March 1? |YES..... |

APRIL FILING

- | | |
|--|---------------|
| 5. Will Management's Discussion and Analysis be filed by April 1? |YES..... |
| 6. Will the Supplemental Investment Risks Interrogatories be filed by April 1? |YES..... |
| 7. Will the Accident and Health Policy Experience Exhibit be filed by April 1? |YES..... |

JUNE FILING

- | | |
|---|---------------|
| 8. Will an audited financial report be filed by June 1? |YES..... |
|---|---------------|

The following supplemental reports are required to be filed as part of your statement filing. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of **NO** to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not filed for whatever reason enter **SEE EXPLANATION** and provide an explanation following the interrogatory questions.

MARCH FILING

- | | |
|--|--------------|
| 9. Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1? |NO..... |
| 10. Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 11. Will the Supplemental Property/Casualty data due March 1 be filed with the state of domicile and the NAIC? |NO..... |
| 12. Will the Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1? |NO..... |
| 13. Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 14. Will the actuarial opinion on non-guaranteed elements as required in Interrogatories 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1? |NO..... |
| 15. Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1? |NO..... |

APRIL FILING


- | | |
|---|--------------|
| 16. Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1? |NO..... |
| 17. Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC? |NO..... |
| 18. Will the Supplemental Property/Casualty Insurance Expense Exhibit due April 1 be filed with any state that requires it, and, if so, the NAIC? |NO..... |

EXPLANATION:


9.
10.
11.
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BAR CODE:


9.




9 5 4 5 3 2 0 0 8 3 6 0 5 9 0 0 0
10.




9 5 4 5 3 2 0 0 8 2 0 5 0 0 0 0 0
11.



9 5 4 5 3 2 0 0 8 2 0 7 0 0 0 0 0
12.








9 5 4 5 3 2 0 0 8 4 2 0 0 0 0 0 0
13.



9 5 4 5 3 2 0 0 8 3 7 1 0 0 0 0 0

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

14.	 9 5 4 5 3 2 0 0 8 3 7 0 0 0 0 0 0
15.	 9 5 4 5 3 2 0 0 8 3 6 5 0 0 0 0 0
16.	 9 5 4 5 3 2 0 0 8 3 3 0 5 9 0 0 0
17.	 9 5 4 5 3 2 0 0 8 2 1 1 5 9 0 0 0
18.	 9 5 4 5 3 2 0 0 8 2 1 3 0 0 0 0 0

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